



# Utah Interpreter Program

Application for Written and/or Performance Testing

*Please Print!*

Name	Last	First	M.I.	Date
Address				New Address? <b>Y</b> <b>N</b>
City	State		Zip Code	
( )		( )		
Phone (home)		Phone (cell/other)		
/ /				
Date of Birth*		Social Security Number*		E-mail address
Male	Female			
(please circle)				

**PLEASE NOTE: This information is kept strictly confidential, and is used for testing identification only!**

Applying for (please check all that apply):

## UIP Testing

☐ Written Exam

Testing Date \_\_\_\_\_

☐ Novice Level

☐ Intermediate Level \*

☐ Master Level (No Role Play) \*

Testing Date \_\_\_\_\_

\* ☐ Friday - ASL portion / Saturday - Transliteration & Role Play **OR**  
☐ All components on same day

## Other Testing

☐ Cued Language Written Exam

Testing Date \_\_\_\_\_

☐ Cued Language Performance

Testing Date \_\_\_\_\_

## Registration & Cancellation Policy\*\*

*Please read carefully!*

- Application with proper payment must be received **three (3) weeks prior to testing date** (refer to testing schedule).
- No special consideration can be given for testing appointments. These appointments are scheduled by the type of test and time available, on a first-come, first-served basis. **Performance Testing appointments are limited.**
- **CANCELLATION FEES:** Canceling your scheduled test appointment will result in the assessment of the following penalty:
  - Canceling two (2) weeks prior to certification testing. . . . . 25% of testing fee
  - Canceling one (1) week prior to certification testing. . . . . 50% of testing fee
  - Canceling less than 72 hours prior to testing, or a "no show". . . . . 100% of testing fee

\*\*\*

*I have read and understand the Registration & Cancellation Policy, as outlined above.*

\_\_\_\_\_  
Applicant initials

Performance  
Testing Paid

Office Use Only

Written Exam Paid

Office Use Only

**PLEASE COMPLETE REVERSE SIDE**

Access

Reviewed

Approved for Testing

## **APPLICATION FOR INTERPRETER CERTIFICATION TESTING**

1. With which sign systems are you fluent? (Check all that apply)
- \_\_\_ American Sign Language                      \_\_\_ Pidgin Signed English  
\_\_\_ Signed English                                      \_\_\_ Signing Exact English
2. Education: highest grade completed      11      12      13      14      15      16      17
3. Are you an Interpreter Training Program graduate?    Yes \_\_\_    Year \_\_\_\_\_    No \_\_\_
4. Location of ITP program \_\_\_\_\_
5. How did you learn to interpret/transliterate, other than an Interpreter Training Program?  
\_\_\_\_\_  
\_\_\_\_\_
6. How many years experience do you have as an interpreter? \_\_\_\_\_ (Attach resume if needed)
7. Do you hold a State Certification?                      Yes \_\_\_                      No \_\_\_  
State where certified \_\_\_\_\_ Which certificate? \_\_\_\_\_ Year \_\_\_\_\_
8. Do you hold RID, NAD, EIPA or other certification? (circle or indicate) \_\_\_\_\_  
Year \_\_\_\_\_ Type/Score \_\_\_\_\_ None \_\_\_\_\_
9. Have you passed the State of Utah Written Exam?    NO \_\_\_    YES \_\_\_    Date \_\_\_\_\_
10. Have you ever taken the UTAH Performance Test?    NO \_\_\_    YES \_\_\_    Date \_\_\_\_\_
11. Have you ever been convicted of a felony?    NO \_\_\_\_\_    YES \_\_\_\_\_    Date \_\_\_\_\_
12. Name the type of interpreting in which you have gained the majority of your experience:  
\_\_\_\_\_  
\_\_\_\_\_
13. References (*please include at least one Deaf*):  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***All of the information included on this application is true and correct  
to the best of my knowledge.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Make checks payable to:**

**Utah Interpreter Program**

**5709 South 1500 West / Taylorsville UT 84123-5217**

**801.263.4860 / 800.860.4860 (In Utah)**

**www.aslterps.utah.gov**

*May 2004*